## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	
	C C00609388
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Deliver Strategies, LLC	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 100970	Amount
City State Zip Code	4508.62
Arlington VA 22210-3970	Transaction ID : VTDG0AAWSK7 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: K House District: 25
Hill, Katherine, L., ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	rrsement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Resonance Campaigns LLC	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 16th St NW	
Ste 701	Amount
City State Zip Code	20437.06
Washington DC 20036-5730	Transaction ID : VTDG0AAWSD9  Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate  Support Office	e Sought: X House District: 02
Luria, Elaine, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary Seneral
Tel Election of Office cought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	24945.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., ,  [Electronically Filed] Date 1	1 01 2018
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LINDLINI EXI LINDI	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Black PAC			С	C00609388
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Resonance Campaigns LLC			M = M	ic Distribution/Dissemination
Mailing Address 1020 16th St NW			10	31 2018
Ste 701				
City Washington	State DC	Zip Code 20036-5730		15178.35  ID: VTDG0AAWSF5  ursement or Obligation
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	M M	/ DID / YIYIYIY
Name of Federal Candidate		<b>x</b> Support	Office Sought:	<b>✗</b> House District:05
Cockburn, Leslie, , ,		Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7	45966.48	Disbursement For: 2018 Other (s	Primary <b>X</b> General pecify) ▶
Full Name of Payee Resonance Campaigns LLC  Mailing Address 1020 16th St NW			Date of Publ	lic Distribution/Dissemination
1020 1041 50144			Amount	
Ste 701	State	Zip Code		15177.08
Washington	DC	20036-5730		ID: VTDG0AAWSG3 oursement or Obligation
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	M = M	/ D = D / Y = Y = Y = Y
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	★ House District:05
Cockburn, Leslie, , ,		Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		45966.48	Disbursement For: 2018 Other (s	Primary <b>X</b> General specify) ▶
(a) SUBTOTAL of Itemized Independent E	Expenditures		<b>•</b>	30355.43
(b) SUBTOTAL of Unitemized Independen	t Expenditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7.1.5.1
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized			
Shropshire, Adrianne, R., ,	[Electroni	ically Filed] Date	e 11 01	2018
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LIVI EXI ENDI	TOTILO			PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER	
Black PAC				С	C00609388	Ì
				M = M	/ D D / Y Y Y	Y
Check if 24-hour report 48-hour report	<b>✗</b> New repo	ort Amends rep	ort filed on			
Full Name of Payee Resonance Campaigns LLC			Date	of Publi	c Distribution/Dissemination	
Mailing Address 1020 16th St NW			Amo		31 2010	
Ste 701						
City	State	Zip Code			8165.99	
Washington	DC	20036-5730			ID: VTDG0AAWSH1 ursement or Obligation	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		М = М	/ D D / Y Y Y	Y
Name of Federal Candidate		<b>✗</b> Support	Office Soug	ıht:	x House District: 12	2
Kelly, Brendan, , ,		Oppose	Presi		Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		24797.57	Disburseme		Primary Sene	eral
Full Name of Page				Other (sp		_
Full Name of Payee Resonance Campaigns LLC			Date	of Publi	ic Distribution/Dissemination	
Mailing Address 1020 16th St NW			Amo		31 2018	Ш
Ste 701			AIIIC	unt		_
City	State	Zip Code			3678.70	_
Washington	DC	20036-5730			D: VTDG0AAWSJ9 ursement or Obligation	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		M = M	/ D D / Y Y Y	Υ
Name of Federal Candidate		<b>x</b> Support	Office Sou	ght:	x House District: 1⁴	4
Underwood, Lauren, , , A		Oppose	Presi	dent	Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		12890.68	Disburseme 2018	ent For: Other (s	Primary <b>X</b> Gene	eral
(a) SUBTOTAL of Itemized Independent Expendent	litures		<b>&gt;</b>		11844.69	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b></b>			
(c) TOTAL Independent Expenditures			··· <b>-</b>			
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized					
Shropshire, Adrianne, R., ,	[Electron	ically Filed] Dat	e 11	01	2018	
Signature		_				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Black PAC		C C00609388
		O
Check if 24-hour report 48-hour report New report	ort Amends report f	illed on / _D _ / _Y _ Y _ Y _ Y
Full Name of Payee Resonance Campaigns LLC		Date of Public Distribution/Dissemination
		10 31 2018
Mailing Address 1020 16th St NW		Amount
Ste 701		Amount
1 ·	Zip Code	6318.00
Washington DC	20036-5730	Transaction ID: VTDG0AAWWD6  Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support O	ffice Sought: House District:
Brown, Sherrod, , ,	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		- Lul Lul Lunul
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate	Support O	Office Sought: House District:
	Oppose	President Senate State:
01.1.7.7.00		isbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		Other (specify)
		United (Specify)
(a) SUBTOTAL of Itemized Independent Expenditures		6318.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	73463.80
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		•
	ically Filed] Date	11 01 2018
Signature		